


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$534 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000011385**  
1. Corporation Name  
**ILE DE FRANCE  
MANAGEMENT CONSULTANTS, INC.**

Principal Place of Business  
**3025 N. OCEAN BLVD  
FT. LAUD., FL. 33308**

Mailing Address  
**SAME**


**FILED**  
**98 NOV -2 AM 10:11**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3025 N. OCEAN BLVD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>FEBRUARY 6, 1996</b>	
22 City & State 23 <b>FT. LAUD., FL.</b>		27 City & State		4. FEI Number <b>65-0649186</b> Applied For <input type="checkbox"/> Not Applicable	
24 Zip <b>33308</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
26		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
27		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

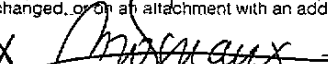
9. Name and Address of Current Registered Agent <b>DELPHINE BROGNAUX 3025 N. OCEAN BLVD FT. LAUD., FL. 33308</b>		10. Name and Address of New Registered Agent 81 Name <b>MITCHELL J. OLIV, ESQ.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1250 E. OAKLAND PARK BLVD</b> 83 <b>SUITE 101</b> 84 City <b>FT. LAUD</b> 85 Zip Code <b>FL 33334</b>	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **8/31/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DELPHINE BROGNAUX 3025 N. OCEAN BLVD FT. LAUD., FL. 33308</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>VICE PRESIDENT DELPHINE BROGNAUX 3025 N. OCEAN BLVD FT. LAUD., FL. 33308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PRESIDENT/TREAS SOPHIE BROGNAUX 3025 N. OCEAN BLVD FT. LAUD., FL. 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SECRETARY MARIE CLAUDE BROGNAUX 3025 N. OCEAN BLVD FT. LAUD., FL. 33308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>500002684545--8 -11/10/98-01054-012 *****61.25 *****61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>500002684545--8 -11/10/98-01054-013 *****8.75 *****8.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>B 11/5/98</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**  **SOPHIE BROGNAUX, PRESIDENT**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)